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ABSTRACT

Twenty-two educable mentally retarded (EMR) and 41 mentally typical students, 7 to 13 years of age, in an inner city school setting, were observed for six 5-minute period sessions on a 12 category schedule and were given a sociometric test to determine whether specific classroom behaviors of EMR children are related to social rejection and whether the relationship between social status and behavior differs for EMR and mentally typical children. The 12 behaviors included attention, distraction, self-stimulation, aggressive behavior to and from peer, positive and negative verbal response to peer, and positive and negative verbal response from peer. Sociometric questionnaires were administered to all the Ss and were scored on the basis of percentage of peer knowing student, times student was chosen as a friend, "alright" responses, and "not liked" responses. Results partially confirmed the view held by special educators that EMR children are rejected because they engage in inappropriate behavior. A significant relationship was found to exist between social status and verbally aggressive behavior though physically aggressive behavior was not related to social status. The same relationship between verbal aggression and social rejection was found for the mentally typical children. The results implied that the social position of EMR children could be improved by reducing the incidence of verbally abusive behavior. (MC)

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CLASSROOM BEHAVIOR AND SOCIAL STATUS

By

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CLASSROOM BEHAVIOR AND SOCIAL STATUS

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Research Institute for Educational Problems

The purpose of this investigation was to study the relationship between classroom behaviors and the sociometric status among educable mentally retarded (EMR) and intellectually average school children. Special educators (e.g., Johnson, 1950) have long held the belief that EMR students are rejected by their regular classmates because they exhibit anti-social aggressive behaviors. The evidence for rejection is obtained typically by asking their regular classmates to rate the EMRs on a sociometric questionnaire and then indicate the reasons for their ratings. There are at least two difficulties with this approach. First, it is possible that the respondents must justify their rejecting responses by indicating that EMR children engage in inappropriate behavior, whether or not they actually do so. A second difficulty is that the respondents are asked, with little forewarning, to reflect on the behavior of particular children that occurred at some unspecified time in the past. Such an approach may be unreliable and in the past has not been analyzed to determine relationships between specific behavior patterns and social status. In this regard, two questions arise. Are there specific kinds of behavior that are more closely associated than others with social rejection? Does the pattern of relationships between sociometric status and specific kinds of classroom behavior differ for mentally retarded and mentally typical children?

Procedures

Twenty-two EMR and 41 nonEMR school children between the ages of 7 and 13 who attended one of two inner city schools were observed by two observers simultaneously for six five-minute sessions on a 12-category observation schedule (Gampel, Gottlieb, & Harrison, 1973). The twelve kinds of behaviors were: (1) attention, (2) distraction, (3) out of seat, (4) restlessness, (5) self-stimulation, (6) uncoordinated motor response, (7) aggressive behavior to peer, (8) aggressive behavior from peer, (9) positive verbal response to peer, (10) negative verbal response to peer, (11) positive verbal response from peer, and (12) negative verbal response from peer. Ss were observed over a three to four week period only when they were engaged in seat work.

During the period when the observations were conducted, sociometric questionnaires were administered to all 63 Ss in order to obtain an index of their social position. Within each of the two schools, every S was asked to rate the other Ss in his school who were involved in this study. Four sociometric scores were derived for each subject: (1) the percentage of his peers who knew him, (2) the percentage of times he was chosen as a friend (in relation to the number of times he was known), (3) percentage of alright responses he received, and (4) the percentage of times he was not liked by his peers.

Results

Means and standard deviations were computed for every subject on

each of the twelve behaviors by summing across the two observers' scores for the six observation periods. The resulting 24 scores per subject (12 means and 12 standard deviations) were then factor analyzed by the principal components method with unity in the diagonals. The normal varimax criterion was used for axis rotations to simple structure. Three factors emerged from the analysis, accounting for 46.2% of the variance. The first factor accounted for 18.2% of the variance and was composed of positive, prosocial behaviors. The second factor accounted for 17.1% of the variance and included verbal aggressive behaviors. The third factor, accounting for 10.9% of the variance included physica ly aggressive behaviors. Factor scores for each subject were calculated with the three factors in the varimax rotation. The three factor scores and the four sociometric scores for each S were entered into two 7 X 7 correlation matrices, one each for the EMR and nonEMR children.

The major findings of the correlation matrix for the EMR sample were the significant negative correlation between percent of times chosen as a friend and score on Factor II (engaging in verbally aggressive behavior) ($r = -.48$, $df = 21$, $p < .05$). Similarly, there was a significant positive correlation between percent of times not liked and engaging in verbally aggressive behavior. No significant correlation coefficients were obtained between any of the four social status variables and physically aggressive behavior (Factor III).

A similar pattern of findings occurred for the mentally typical children. There was a positive relationship between percent of times these children were not liked and engaging in verbally aggressive behavior

(r = .45, df = 40, p <.01). In contrast to the EMR sample, however, there was no significant negative correlation between percent of times chosen as a friend and engaging in verbally aggressive behavior.

The correlation coefficients between social status scores and factor scores were tested by means of Fisher's r to z transformation for possible statistically significant differences between the EMR and mentally typical children samples. The finding that none of the 21 coefficients differed significantly from each other indicated that whatever relationships exist for mentally retarded children with respect to social status and classroom behaviors are no different from the relationships that exist among mentally typical children.

Discussion

The present data partially confirm the view long held among special educators that mentally retarded children are rejected because they engage in inappropriate behavior. A significant relationship exists between social status and verbally aggressive behavior, but physically aggressive behavior was not found to relate to social status. Furthermore, the relationship between verbal aggression and social rejection was not confined to the EMR sample alone but characterized rejected intellectually normal children as well.

Attempts to improve the social position of EMR children might begin by focusing on reducing the incidence of verbally abusive behavior they may exhibit, although this effort alone might not be sufficient to improve their social status. Gampel et al. (1973) found that reintegrated EMR children exhibit negative verbal behavior

less often than EMR children who remain in segregated classes. Yet, these same reintegrated EMR children are not accepted by their peers to a greater degree than segregated children and, in fact, appear to be less well accepted (Goodman, Gottlieb, & Harrison, 1972; Gottlieb & Budoff, 1973). Efforts to improve the social position of EMR children will require a multifaceted attack on the problem. It is not a simple problem.

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